

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

502

BIRTH NO.		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u> Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Golden</u> c. (Last) <u>Burnham</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>1</u> (Year) <u>1951</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 18 1904</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stock raising</u>		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co Mo U.S.A.</u>	
13a. FATHER'S NAME <u>Chas A Burnham</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Rector</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Burnham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-14-0974</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Burnham Van Buren</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>intestinal carcinoma - 1 yr</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-25, 1946</u> , to <u>Feb 1, 1951</u> , that I last saw the deceased alive on <u>Feb 1, 1951</u> , and that death occurred at <u>1:05 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank J. Rucinski</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>Feb 3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>	
24d. LOCATION (City, town, or county) <u>Van Buren Mo.</u>		24e. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>Feb. 9-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Newson</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Seaton Pewitt Van Buren</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Seaton Pruitt*

Licensed Embalmer No. *2287*

P. O. Address..... *Van Buren Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.